



Camp STIX Minor Volunteer Guardian Authorization Form

This form is required for all minor volunteers who will be attending Camp STIX without a legal guardian present for the duration of their volunteering. (excludes Junior Counselors)

Camp STIX strives to provide medical care for our campers that allows for their safe and enjoyable camp experience. However, due to resource constraints, we are unable to extend this level of medical care to our volunteers. We ask that all volunteers provide for their own regular medical care during their volunteering (with the exception of Counselors and Junior Counselors). Regarding volunteers who are minors, they must have a legal guardian or assigned guardian present for the duration of their volunteering to ensure that their medical needs are being met. If a minor volunteer's legal guardian will not be present at camp, a responsible adult can be assigned to provide this care.

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form is required for all minor volunteers that will not have a legal guardian present at Camp STIX and needs to be submitted before camp each year or the minor will not be allowed to volunteer.

Minor

Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Female _____ Male _____

AUTHORIZATION AND CONSENT OF LEGAL GUARDIAN

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for _____ (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective through: _____ . Signed this ____ day of _____, 20__.

Parent / Legal Guardian Signature: _____ Printed Name:

<https://docs.google.com/document/d/13fARjApaGehKulA7tLdM7UMNy1L70P8mVELsB5oDhku/edit>